



**M A I N T A I N I N G
T H E P A S S I O N**

Sustaining the Emergency Response
Episodic Volunteer

A collaborative project of voluntary sector agencies with
financial support from the Public Health Agency of Canada.

Thanks and Appreciation

The Canadian Red Cross, the Salvation Army and St John Ambulance wish to acknowledge and thank the Public Health Agency of Canada (Office of the Voluntary Sector) for its generous financial support for the development of Voluntary Sector Framework for Health Emergencies project. This support is sincerely appreciated.

Supporting Organizations

Canadian Medical Association
Canadian Psychological Association
Canadian Public Health Association
Centre for Voluntary Sector Research
and Development, Carleton University
Community Foundations of Canada
Focus Humanitarian Assistance Canada
Mennonite Disaster Service
Volunteer Canada

The views expressed herein do not necessarily represent the official policy of the Public Health Agency of Canada.

TABLE OF CONTENTS

1. Introduction	2
1.1 Preamble	
1.2 Objectives	
1.3 Present and Prospective Role in a Health Emergency	
2. Profile of an Emergency Response Episodic Volunteer	7
2.1 Emergency Phases	
2.2 Common Characteristics of Emergency Response Volunteers	
2.3 Other Observations about Volunteering	
2.4 Episodic Volunteers during a Health Emergency vs. Other Emergencies	
3. Volunteer Recruitment and Screening Strategies	9
3.1 Best Practices: Management of Episodic Volunteers	
3.2 Best Practices: Health Emergency and Volunteer Management	
4. Retaining Volunteers and Maintaining and Emergency Volunteer Reserve	14
4.1 Evaluation of Existing Strategies	
4.2 Special Considerations for Episodic Volunteers	
5. Information Management	15
5.1 Current Databases used to Manage Emergency Response Information	
5.2 Systems in Place	
6. Emergency Management and the Episodic Volunteer	16
7. Summary	17
8. Bibliography	18
9. Annex A	20

1.0 INTRODUCTION

1.1 Preamble

Public health authorities are rightfully concerned about the impact a health emergency could have on Canadians. Planning for this circumstance involves mitigation of avoidable risks. A pandemic of the H5N1 avian influenza virus is currently the focal point and the most potentially dangerous health emergency facing Canadians today. Public health authorities can limit the effects of a health emergency by involving the voluntary sector.

Planning volunteer management for a large scale public health emergency in Canada requires thoughtful analysis of current best practices in disaster response to assess whether they should be modified for use during health emergencies. Episodic volunteers represent one of the key resources of the voluntary sector that can contribute towards the overall response to a health emergency.

A number of voluntary organizations actively participate in disaster response operations according to pre-established plans and designated roles. One aspect of the present system continues to pose a challenge: the phenomenon of volunteers who spontaneously offer their services to help a specific emergency for a limited period of time. These volunteers often arrive on site at a disaster ready to help. However, because they may not have been previously associated with any

part of the existing disaster response system, offers of help are often under-utilized and even create new challenges for professional responders¹. If the system lacks the capacity to utilize this surge of volunteers effectively, not only could they lose a valuable opportunity, but it could even create a situation with serious negative repercussions on service delivery during a health emergency.

This document has been developed to address specific issues in the management of episodic volunteers during a public health emergency. It also seeks to develop understanding of the episodic volunteer, although to some extent this picture is incomplete. While episodic volunteering is a real phenomenon, very little hard data exists to substantiate it. To ensure an effective overall voluntary sector response to a health emergency, voluntary agencies need to be able to continue to deliver their primary services while mobilizing and incorporating the surge of volunteers. Organizations that receive episodic volunteers should understand the choices available. It is therefore in the interest of every voluntary agency that may have a role in health emergencies to understand and implement best practices for episodic volunteering.

¹ *Adapted from:* The Synergy of Structure and Good Intentions: Managing Spontaneous Volunteers in Times of Disaster. Pg 4-5.

1.2 Objectives

The objectives of this document are to:

- 1.2.1 Define the profile(s) of emergency response “episodic” volunteers;
- 1.2.2 Outline the potential roles for episodic volunteers to encourage organizations to incorporate episodic volunteer management
- 1.2.3 Recommend recruitment and screening strategies for this type of volunteer;
- 1.2.4 Recommend retention and maintenance strategies and interventions to build reserves of trained and motivated volunteers; and
- 1.2.5 Recommend how to enhance the volunteer resource management database(s).

1.3 Present and Prospective Role in Health Emergencies

The term “episodic volunteer” is more complex than it initially seems. There are at least three different (but overlapping) categories of episodic volunteers. The term as used in this paper covers all three categories.

U **Unaffiliated** – This volunteer is not officially invited to become involved but is motivated by a sudden desire to help others in times of trouble. S/he comes with a variety of skills. Unaffiliated volunteers may come from within the affected area, from outside the area or even from another organization with the intentions of helping for a short period. (Also known as spontaneous, convergent, emergent, drop-in or walk-in volunteers.)

I **Interim** – This is a person who gives concentrated service for a period of six months or less. Community service workers and college students doing internship are examples.² This category would also include the type of volunteer who gets involved periodically for specific events, e.g. those who help with annual music festivals or sports tournaments.



Affiliated

Affiliated – This person serves an organization or program for a specific, continuous engagement and has been trained for disaster response activities. This category includes, for example, pre-recruited disaster service volunteers who are on call during a disaster.

1.3.1 *Assessing the Need for Episodic Volunteers*

Background research on episodic volunteers found that there is a marked increase in this type of volunteerism in Canada. It is connected to volunteer trends indicating that volunteers now tend toward short-term rather than long-term commitments. Further, this category of volunteerism is particularly relevant to emergency preparedness as the emergency volunteer may not be continuously involved in an emergency service organization.³

The Points of Lights Foundation has identified major trends affecting the field of volunteering. When 15,000 individuals were surveyed and asked to select two major trends observed as affecting the field of volunteering, the most frequently selected trend at 42% was that, “most people are interested in short term/episodic volunteering”. (www.PointsofLight.org)

1.3.2 *Relevance of Episodic Volunteers*

Voluntary sector organizations call on their reserves of established volunteers to fill gaps in service delivery. However, during major disasters there are valuable and appropriate roles for episodic volunteers in mitigation, preparedness, response and recovery. The benefits and challenges to engaging episodic volunteers within an organization are found in the following tables.

² Ibid.

³ Kates, Adam “Maintaining the Passion – Retaining the Emergency Response ‘Episodic’ Volunteer pg 1-5. September 2005

1.3.3 Benefits of Engaging Episodic Volunteers

Engaging episodic volunteers can benefit the organization as well as the volunteer. The ability of an organization to respond during a health emergency increases with help from episodic volunteers in key roles.

All three types of episodic volunteers (*affiliated*, *interim*, and *unaffiliated*) are helpful for an organization to:

1. **Increase Organizational Capacity** – Organizations have increased capability to deliver emergency services, within its role.
2. **Maintain Core Services** – With a proper episodic volunteer management structure in place, organizations can continue their regular operations, in addition to helping with the health emergency.
3. **Provide Specialized Skills** – Episodic volunteers may have specialized skills, knowledge and experience not present in the existing roster of volunteers.
4. **Improve Capacity** – The ability of an agency to respond to future emergencies is potentially increased. Many episodic volunteers may return to participate in subsequent health emergencies, and would bring valuable experience and skills to later events.
5. **Post-Event Evaluations** – Episodic volunteers can provide valuable information to public health authorities in the evaluation phase.

Other core areas in which interim and unaffiliated episodic volunteers may support an organization are:

1. **Training Requirements** – Incorporating episodic volunteers for simple tasks which may not require training allows for essential disaster service volunteers to concentrate on more complex operations.
2. **Increased Volunteer Management Skills** – The organization's capacity to manage episodic volunteers may be enhanced.
3. **Long Term Volunteer/Organization Member** – New volunteers may wish to stay involved on an ongoing basis, and thus can help in building the long term volunteer or organizational membership base.

Finally, a positive method of utilizing an increased or decreased number of unaffiliated volunteers agencies may use the:

1. **Referral Process** – If an organization does not have the capacity to manage or effectively utilize episodic volunteers, it can refer the individuals to an agency or accept them.

1.3.4 Challenges to Engaging Episodic Volunteers

Episodic volunteers can also present an organization with many challenges. It is therefore in every agency's best interest to assess the benefits versus risks of engaging episodic volunteers. The following challenges have been identified according to the three different types of episodic volunteers.

Managing all three types of episodic volunteers (*affiliated*, *interim*, and *unaffiliated*) may pose a potential risk to an agency in the following areas:

1. **Risk Management** – Without the appropriate training, an episodic volunteer may be a risk to the organization, volunteers and client by providing appropriate training.
2. **Roles and Expectations** – An inappropriate fit between the volunteer and his task can lead to abandonment of the task, causing disruption to the operation and a loss of the organization's investment in the episodic volunteer and a negative public perception.
3. **Staff Resources** – Essential human resources can become tied up in the arduous tasks of managing the substantial outpouring of episodic volunteers.
4. **Financial Impact** – Engaging episodic volunteers may demand financial commitments such as the additional costs for their safety equipment and liability insurance coverage.

Challenges in which interim and unaffiliated episodic volunteers may pose to an organization are:

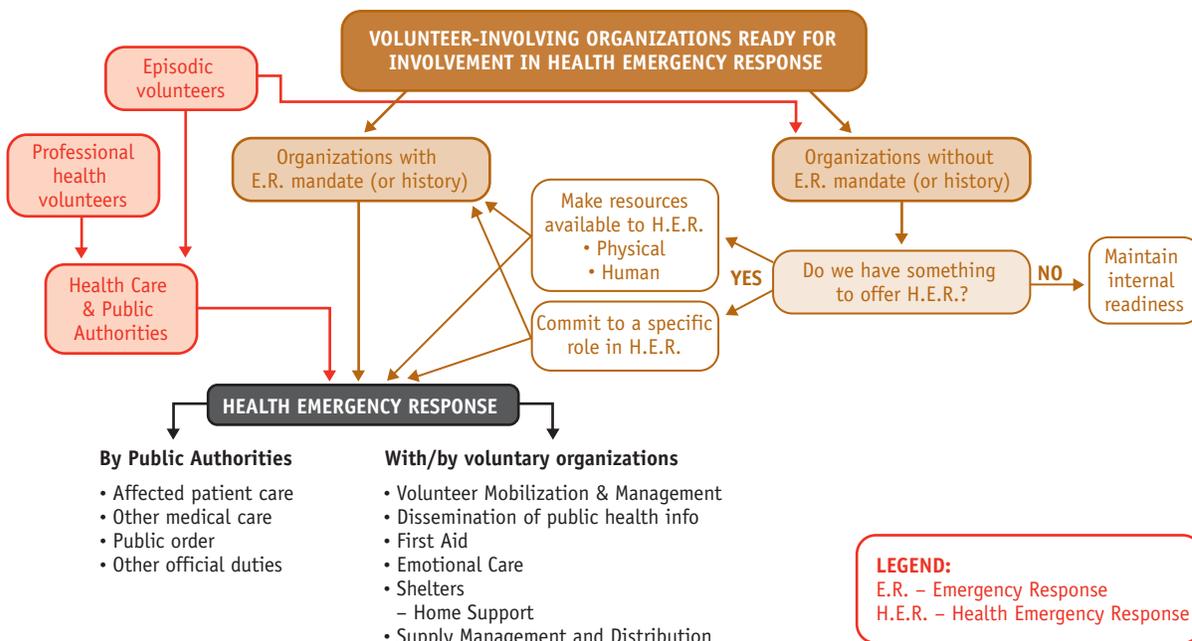
1. **Proper Placement** – Episodic volunteers are passively recruited which makes it difficult for organizations to predict their availability for current and future events.
2. **Training** – Appropriate training requires skills, allocation of staff and volunteers' time, and dedication of resources.
3. **Recruiting, Commitment and Retention** – Episodic volunteers are passively recruited which interfere with the organization's control of numbers, and lack of commitment from episodic volunteers.
4. **Lack of Surge Capacity** – Existing volunteer management systems may not have the capability to sustain a surge of people. The 'surge capacity' is not there.

Lastly, unaffiliated episodic volunteers may create vulnerabilities within certain areas of an organization, such as:

1. **Threats to Core Services** – An organization may be unable to maintain its core services if a surge of episodic volunteers overwhelms its ability to cope.
2. **Coordination of Volunteers** – Integrating episodic volunteers into a staffing schedule along with regular volunteers can be logistically challenging.

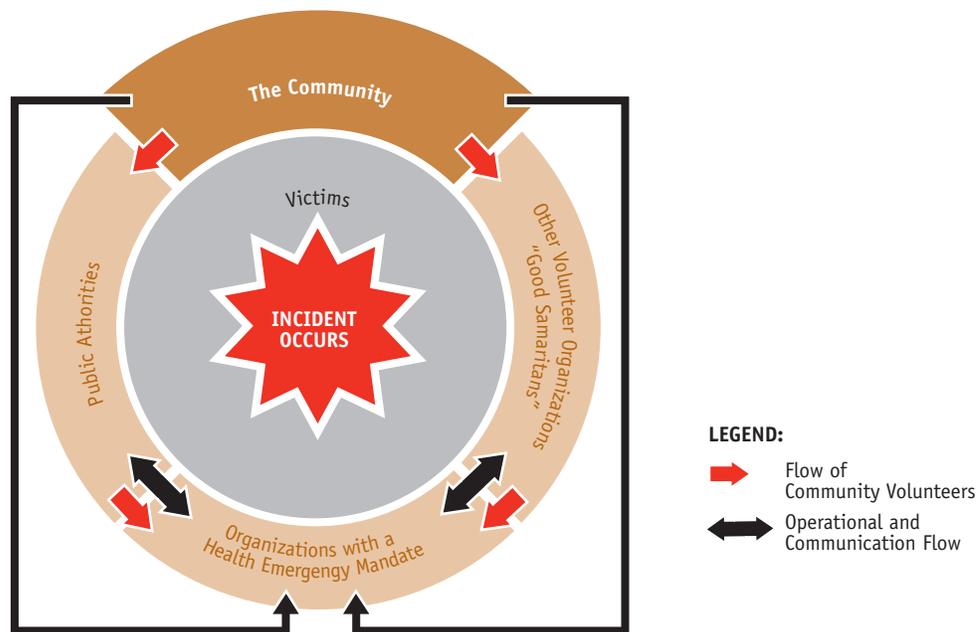
1.3.5 Flowchart: Emergency Phase

This diagram illustrates the framework within which voluntary organizations determine how they might participate in health emergencies. Episodic volunteers may be present at any of the organizational types shown.



1.3.6 Action-Reaction Flow Chart of Episodic Volunteers

This diagram demonstrates the action and resulting reaction of episodic volunteers within the system.



2.0 PROFILE OF AN EMERGENCY RESPONSE EPISODIC VOLUNTEER

2.1 Emergency Phases

Mitigation – is “sustained action that reduces or eliminates long-term risk to people and property from natural hazards and their effects.” Mitigation is the on going effort to lessen the impact disasters may have on people and property, and involves such activities as avoiding construction in high-risk areas such as floodplains, and engineering buildings to withstand wind and earthquakes. The affiliated episodic volunteer would be the likely participant in this phase of an emergency.

Preparedness – refers to developing and readying response and recovery actions to increase the community’s ability to respond to future impacts. Governments, community groups, service providers, businesses, civic and volunteer groups, are all partners in this effort.

Prevention – is a method of averting health problems (e.g. disease, injury) through interventions. Preventing and reducing the incidence of illness and injury may be accomplished through three mechanisms: activities geared toward reducing factors leading to health problems; activities involving the early detection of, and intervention in, the potential development or occurrence of a health problem; and activities focusing on the treatment of health problems and the prevention of further deterioration and recurrence.

Recovery – is the process of returning to normal following the response phase of an emergency. It may extend for many years and involves the physical, social and economic components of the community. Salvage, resumption of business processes, and repair are typical recovery tasks.

Response – refers to the actions involved in responding to an emergency when it occurs. The response phase focuses on the immediate efforts to limit further harm and meet the community’s basic needs.

2.2 Common Characteristics of Emergency Response Volunteers

A few observations have been drawn from Canadian data on volunteers that step forward during a time of disaster, (whether a health emergency or another type of emergency):

- The highest average levels of volunteering per person were found in youth and middle aged adults, though those over 65 contributed twice as many hours overall.
- Women were slightly more likely to volunteer than men, though men contributed significantly more hours, and invested more time in the social services organizations.
- Those with the highest levels of income and education were the most likely to volunteer. However, the number of hours contributed tended to decrease as income increased.

These findings suggest that seniors, men, and middle or lower income individuals may tend to contribute the most hours per person, but the majority of the volunteer workforce will likely be drawn from the other groups.

2.3 Other Observations about Volunteering

*The Civic and Political Health of the Nation: A Generational Portrait*⁴ states that of the 40.2% of young people who reported that they volunteered, just over half engaged in episodic volunteering.

- An Independent study conducted in the United States on volunteering reported that 31% of all those volunteering are episodic or short term volunteers.⁵
- Based on *The National Survey of Giving, Volunteering and Participating*, most permanent volunteers tended to have the following eleven characteristics listed in descending order of prevalence:⁶
 - a) Have strong religious involvement
 - b) Practice ‘informal’ helping behaviour as well as formal
 - c) Have a higher level of education
 - d) Have higher status occupations
 - e) Have children aged between 6 and 17 at home
 - f) Are “explicitly committed to supporting their community”
 - g) Highly rate their health and life satisfaction
 - h) Watch less TV
 - i) Do not live in urban centres⁷

2.4 Episodic Volunteers During a Health Emergency vs. Other Emergencies

While many emergencies have a health component, the following aspects of health emergencies might affect episodic volunteers’ behaviour. During a health emergency, volunteers will probably naturally migrate towards agencies which have a history in disaster response. These agencies already have recruitment, screening, training, and management programs in place. However, during a health emergency, they may need to incorporate health and safety modules into standard training programs.

- **Risks:** Health and safety concerns during a health emergency include the risks of infection, cross-contamination, stress, mental health and psychological impacts. These concerns are shared by episodic volunteers as well as other volunteers and staff.

⁴ CIRCLE – The Center for Information and Research on Civic Learning and Engagement

⁵ *Ibid.*

⁶ Canadian Survey of Giving, Volunteering and Participating <http://www.givingandvolunteering.ca> 2000.

⁷ Kates, Adam “Maintaining the Passion – Retaining the Emergency Response ‘Episodic’ Volunteer pg 1-5. September 2005

3.0 BEST PRACTICES: FOR VOLUNTEER RECRUITMENT AND SCREENING STRATEGIES

3.1 Best Practices: Management of Episodic Volunteers.

“The episodic volunteer program is not separate from the overall volunteer program, but a part of a sophisticated plan to incorporate different types of people into accomplishing the mission and goals of the organization.”⁸

When episodic volunteering and regular volunteer management practices are compared, few differences in best practices are found. Notwithstanding a dearth of research in this area, some broad patterns are evident. First, whether looking at episodic volunteering or standard volunteering, the primary management parameters remain constant: recruitment, screening, processing, training, placement, continuous evaluation, retention, and motivation. Second, an organization’s policies and procedures for conventional volunteers remain applicable with regards to episodic volunteers. Lastly, larger organizations, which already practice volunteer management, tend to attract more episodic volunteers.

3.2 Best Practices: Health Emergency and Volunteer Management

There is no compelling data suggesting major incongruities with effective volunteer management and the management of episodic volunteers. Having episodic volunteers does not eliminate the need to use the best possible recruiting techniques, and screening procedures.

3.2.1 Best Practices: for Volunteer Management of Episodic Volunteers

A. Recruitment

- A health emergency may move in phases and have different levels of infection. This may have a significant impact on the patterns of episodic volunteering. As with any position on the front lines, be it professional, volunteer, or staff, it is not known how the severity or duration of the health emergency will influence

attendance. For the purposes of this report, the question is – will the episodic volunteers step forward, or withdraw to perceived safety?

- As part of each agency’s service continuity plan, it should determine its human resources needs in a health emergency with respect to the volunteer and staff time in order to meet its commitments.

U Unaffiliated	During a health emergency, recruitment of unaffiliated volunteers will probably occur passively, or through mass media.
I Interim	Volunteers willing to provide service on an interim basis will also come forward of their own will. This can be passive or active recruitment.
A Affiliated	Affiliated volunteers may be recruited actively to either help with the influx of unaffiliated volunteers, or with mitigation/prevention responsibilities.

- An evaluation of the organization’s capacity to manage new volunteers prior to recruitment is also useful. Usual recruitment strategies apply even in the situation of increased number of volunteers.

B. Screening

- During a health emergency, appropriate volunteer screening procedures should be maintained. Short-term volunteers will arrive who may not have the skills, ability or stability required for the jobs they want to do. Therefore, any volunteers who come forward should be subjected to proper screening techniques.
- According to Volunteer Canada, the following have been noted as the 10 best practices for screening,⁹ the chart presents the three categories of episodic volunteers and identifies which steps are critical in the screening process for that type of episodic volunteer.

⁸ Macduff, Nancy. *Episodic Volunteering: Organizing and Managing the Short-Term Volunteer Program*. Washington: MBA, 2004. 5-93.

⁹ “Screening Further Reading.” Volunteer Canada. 8 Apr. 2003. Volunteer Canada. 15 Feb. 2006 www.volunteer.ca/volcan/eng/content/screening/screening_room1.htm

Best Practices for Volunteer Screening	Unaffiliated	Interim	Affiliated
1. Determine the risks	•	•	•
2. Write a clear position description			•
3. Establish a formal recruitment process			•
4. Use an application form	•	•	•
5. Conduct interviews	•	•	•
6. Check references	•	•	•
7. Police records check – when appropriate	•	•	•
8. Orientation and training	•	•	•
9. Supervise and evaluate	•	•	•
10. Follow up with program participants	•	•	•

- Screening process #1, *determine the risks*, should be followed with a risk reduction strategy.
- Reference and criminal records checks are time consuming, taking upwards of 2 months, and during a health emergency police services may not have the resources or have other high priority duties. Volunteer job placements should specify the minimum level of screening required for different tasks. Some tasks, such as those which involve contact with vulnerable populations such as youth, children and seniors, should have more stringent requirements than may be necessary for other tasks.
- Organizations that accept referrals of volunteers from affiliated agencies¹⁰ should re-screen as well as contact the organization to verify that the individual’s “home” agency has followed best practices and confirms that the persons screening history is clean and current. Following best practices for volunteer screening was noted as the best method to ensure safety of all staff, volunteers and clients.

 Unaffiliated	<p>Unaffiliated volunteers should be assigned to tasks which require the minimum level of screening. Some tasks, that involve contact with vulnerable populations such as youth, should have more stringent requirements in regards to screening</p>
 Interim	<p>Interim volunteers may already have experience with the organization, and have prior screening completed. If not, full screening on this type of volunteer should be completed.</p>
 Affiliated	<p>Affiliated volunteers should be pre-screened, and can therefore help with the screening process for unaffiliated and interim volunteers. If an affiliated volunteer has not been active for a number of years, re-screening may be advisable.</p>

¹⁰ Affiliated agencies are those who support The Voluntary Sector Framework for Health Emergencies.

C. Intake and Orientation

- Best practices related to processing were found to be especially significant when dealing with orientation of new volunteers. Since these volunteers come to the organizations with no prior experience, it is very important that they know what the agency expects of them. Orientations used in a disaster response operation are most useful when they are as concise as possible. Adding demographic information about the organization's role, responsibilities, client base, and pertinent information about the disaster or the response is also required.

 Unaffiliated	Unaffiliated volunteers may not have an understanding of the agencies services, it is therefore important that all volunteers go through an orientation process.
 Interim	Interim volunteers may or may not have undergone an orientation process, however in the case of a health emergency, procedures and protocols may be different, and interim volunteers should be re-oriented.
 Affiliated	Affiliated volunteers may be able to give the orientation to newer volunteers. However, they too should be briefed on new protocols and procedures.

D. Training

- Before starting work, volunteers require training in anything from using a switchboard to gaining needed specialist skills. During a health emergency, several processes help training in the surge of episodic volunteers.
- Episodic volunteers may possess valuable skills, these abilities should be identified prior to training.

- The following are best practices for volunteer training:
 - a) Pre-train existing volunteers to manage the episodic volunteer surge
 - b) Recruit new volunteers for a health emergency in advance
 - c) Develop job description and skill lists for episodic volunteers
 - d) Develop training programs that can be delivered on a fast-track for emergency response
 - e) Develop monitoring and tracking capabilities for volunteer qualifications and certification.
 - f) Train all episodic volunteers for health emergencies in self-care, infection prevention and control both routine and universal precautions
 - g) Plan for a backup location where volunteer recruitment/management is separate from existing hospitals or clinics to reduce congestion and security issues.
 - h) Continuous evaluation of volunteers to ensure an up-to-date profile

 Unaffiliated	Unaffiliated volunteers should be assigned to tasks which require minimal amounts of training.
 Interim	Interim volunteers may already be trained in an area. For new tasks, depending on what the task is, further training may be required.
 Affiliated	Affiliated volunteers should already be trained, however, continuous updates and briefings to maintain continuity is necessary.

E. Placement

- Episodic volunteers should not be placed in certain roles and locations without proper orientation, training, background check and evaluation. Potential areas of sensitivity during health emergencies include access to confidential information, secure locations, exposure of volunteers to risk and the performance of health care related tasks. An organization must choose very carefully what positions episodic volunteers can fill.

U Unaffiliated	Unaffiliated volunteers should not be placed alone or without supervision and support in sensitive or confidential positions during health emergencies. This includes access to confidential information, access to secure locations, placements where there is a high degree of risk, the performance of health care and related tasks, control of money, and services to vulnerable groups, exposure of volunteers to risk and the performance of health care related tasks.
I Interim	If the interim volunteer has been screened in advance, then volunteer placement is at the discretion of the volunteer coordinator.
A Affiliated	Affiliated volunteers may be placed where they best fit.

- Organizations interested in increasing retention of episodic volunteers should invest in a volunteer recognition program, provide training and professional development, as well as matching them to appropriate organizational tasks.¹¹
- Currently, the most widely adopted retention strategy is ‘regular supervision and communication with volunteers,’ at 67%.¹²

U Unaffiliated	If the organization decides to retain the unaffiliated volunteer, recognition, training, screening, supervision and placement are essential.
I Interim	Recognition and regular supervision on tasks at which they feel competent and confident may encourage the interim to volunteer more frequently or on a regular basis.
A Affiliated	Affiliated volunteers, <ul style="list-style-type: none">• Should feel appreciated for their contributions through recognition activities• They should feel competent and confident in their skills• They should have an opportunity to influence the development of their roles.• As part of the supervision process, their goals should be taken into consideration.

F. Retention and Maintenance

- Episodic volunteers may provide substantial assistance during an emergency, however, because these volunteers have a tendency to come in large numbers during an emergency, sustaining the influx is a choice the agencies have to make. While episodic volunteers may provide substantial assistance during an emergency, they also require a great deal of energy and focus because of the sheer numbers, and the requirements for intake and orientation. At some point, the agency may have to make a decision to cease intake.

G. Volunteer Referral

- In the event an agency decides not to engage episodic volunteers, or is inundated with episodic volunteers, they may refer volunteers to other agencies. The referral process should be handled conscientiously by both organizations.
- An organization accepting a volunteer should follow all episodic volunteer management protocols.

¹¹ Hager, Mark A., and Jeffery L. Brudney. Volunteer Management Practices and Retention of Volunteers. *The Urban Institute*. 2004.

¹² *Ibid*.

Out-going Referrals

U Unaffiliated	Unaffiliated volunteers should undergo an evaluation process to determine their skills and abilities to facilitate referral to another agency, which should be relayed to the accepting agency.
I Interim	Interim volunteers who have completed the full volunteer management process may help with volunteer referrals.
A Affiliated	Affiliated volunteers may be suitable as screeners or intake volunteers, if this is one of their skill sets.

In-Coming Referrals

U Unaffiliated	<p>All in-coming volunteers who have been referred from another agency are unaffiliated.</p> <ul style="list-style-type: none">• The receiving organization should complete the full screening process, and not rely on other prior screening.• Referred volunteers could however go into fast-track training if prior experience shows transferable skills.
--------------------------	---

Camping for a Cause

During the airlift of Kosovar refugees to Canada in 1999, 5544 individuals arrived and were set up in places such as Camp Borden, in Ontario. Volunteers would come and go when they had time, usually on weekends, and provided a great deal of help. Of all the volunteers, two really stood out. This couple arrived, set up a tent in a nearby campsite, and lived out of their tent for more than a month, spending as much time as they could to help the refugees at Camp Borden. That is commitment!

4.0 RETAINING VOLUNTEERS AND MAINTAINING AN EMERGENCY VOLUNTEER RESERVE

4.1 Evaluation of Existing Strategies

The following factors affect whether voluntary organizations retain their volunteers:

- Research shows that retaining volunteers may not be a high priority for organizations that engage volunteers mainly in episodic or short-term assignments. However, even in those cases, most organizations would probably prefer to have their volunteers take on new tasks as assignments are completed.
- When identifying retention strategies, organizations were asked, “Of the volunteers that worked with your organization one year ago, approximately what percentage would you say are still involved as volunteers?”
 - Nearly 3% said zero
 - 17% said all were retained
 - The median organization reported an 80% retention rate.¹³
- The episodic volunteer “Retention rate” is influenced by four separate components that are mutually reinforcing: management practices, investments in volunteer resources, the value that volunteers bring to the organization, and various other organizational characteristics.¹⁴ Presenting the volunteers with a positive organizational climate.

4.2 Special Considerations for Episodic Volunteers

It may appear to be difficult to recognise the contributions of short-term or episodic volunteers. However, some excellent examples and resources on volunteer recognition can be found at CASAnet Resources online.¹⁵ Agencies that cater to episodic volunteers adopt different strategies, such as providing external validation through public recognition of volunteers.¹⁶

Annex A is a list of resources for episodic volunteer management and disaster services volunteer management. It contains various books and documents which are designed to help guide the processes of volunteer coordination.

¹³ Hager, Mark A., and Jeffery L. Brudney. Diss. The Urban Institute, 2004. Abstract. Volunteer Management practices and Retention of Volunteers (2004): 1-13.

¹⁴ Ibid.

¹⁵ McCurley, Steve, and Rick Lynch. “Retention and Recognition.” CASAnet. Apr. 2000. CASA. 28 Dec. 2005 <<http://www.casenet.org/program-management/volunteer-manage/retenrec.htm>>. The National Court Appointed Special Advocate (CASA) Association, supported and promote court-appointed volunteer advocacy. This website has multitude of resources for volunteer recognition.

¹⁶ Hager, Mark A., and Jeffery L. Brudney. Diss. The Urban Institute, 2004. Abstract. Volunteer Management practices and Retention of Volunteers (2004): 1-13.

5.0 INFORMATION MANAGEMENT

5.1 Current Databases Used to Manage Emergency Response Information

Through a limited sampling of Canadian organizations traditionally involved in disaster response that were surveyed for this project, only 14% report having automated databases set up to manage volunteers. The capacity of the automated systems to handle a surge of episodic volunteers is unknown. A database would help determine the scope of volunteers and organizations available for disaster response and would significantly reduce the time of tracking volunteers as well as facilitate inter-organization communication.

5.2 Systems in Place

Volunteer Canada holds an immense database which tracks all volunteer agencies in Canada. This database can track which agencies would like to take part in The Volunteer Sector Framework for Health Emergencies, and of those organizations which are capable of mobilizing disaster response episodic volunteers.

6.0 EMERGENCY MANAGEMENT AND THE EPISODIC VOLUNTEER

The following table places the type of episodic volunteer in the context of the phases of a health emergency. For certain types of episodic volunteers, unaffiliated and interim will not be available until the crisis is imminent or in progress. Health emergencies do have preparedness pre-event, and during the event which can affect what task the episodic volunteer undertakes.

Organizations that incorporate episodic volunteers into their emergency response phases will observe that there is limited use for unaffiliated and interim volunteers

in the first two stages of an emergency usually because there is time to plan and organize. During the event, certain roles for episodic volunteers may vary through individual skill sets. The agency's primary goals should be to use accepted volunteer management best practices for the surge of volunteers and incorporate into their programs. Such preparations for these volunteers should assure that core services are maintained and that any commitments/responsibilities in the emergency are met.

Roles for Episodic Volunteers

	Unaffiliated	Interim	Affiliated
1. MITIGATION/PREVENTION			•
2. PREPAREDNESS			•
3. RESPONSE	•	•	•
4. RECOVERY	•	•	•

PRE-EVENT
EVENT

7.0 SUMMARY

The growing trend of episodic volunteering appears to be the result of our fast paced world. The working environment lends little time for individuals to contribute in their community as full time affiliated volunteers, thus, many seek short term volunteering opportunities. Engaging episodic volunteers effectively during a health emergency presents certain challenges, such as mobilizing the masses without hindering the efficiency of the agency's core services. Conversely, episodic volunteers may bring with them specialized skills, a

unique outlook, and can therefore provide valuable information and resources to an organization.

Currently, there is minimal research or information available on episodic volunteers. The challenge is to continue collecting information and data to allow research to be conducted, and to reveal demographic trends and behaviour characteristics of this type of volunteer.

BIBLIOGRAPHY

- Alluri, Fe, comp. "A Guide to Volunteer Program Management Resources." Volunteer Canada. Volunteer Canada. 10 Jan. 2006 <<http://www.volunteer.ca>>.
- American Red Cross. "American Red Cross: Disaster Services Spontaneous Volunteer management." ARC 30-3054 Mth ser. M (2003): 1-19. American Red Cross. 01 Dec. 2005 <<http://www.redcross.org>>.
- American Red Cross. Coordinator of Disaster Volunteers. Lth ed. 2000. American Red Cross ARC 3000 Series. <<http://www.redcross.org>>.
- Annex J: Guidelines for Non-Traditional Sites and Workers. The Public Health Agency of Canada. 2004. 10 Dec. 2005 <<http://www.phac-aspc.gc.ca/cpip-pclcpi/pdf-cpip-03/cpip-appendix-j.pdf>>.
- De La Riva, Mona. Best Practices: Disaster Response Operations Spontaneous Volunteers Processing Centre. American Red Cross. 2004. 1-3. <<http://www.redcross.org>>.
- DiGiovanni C, Bowen N, Ginsberg M, Giles G. Quarantine stressing voluntary compliance. Emerg Infect Dis [serial on the Internet]. 2005 Nov. Available from <http://www.cdc.gov/ncidod/EID/vol11no11/05-0661.htm>
- Graff, Linda L. "It's Never Over: Ongoing Screening of Volunteers and Paid Staff." Linda Graff and Associated Inc. 2005. Linda Graff and Associates Inc. 28 Dec. 2005 <<http://www.lindagraff.ca>>.
- Hager, Mark A., and Jeffery L. Brudney. Volunteer Management Practices and Retention of Volunteers. The Urban Institute. 2004. 1-13.
- Hawkinson, Carl, comp. Community Guidelines for Developing a Spontaneous Volunteer Plan. Illinois Terrorism Task Force Committee on Volunteers and Donations. Illinois, 2002.
- Kates, Adam. Report on the Social and Cultural Factors that Influence Volunteerism: Maintaining the Passion - Retaining the Emergency Response 'Episodic' Volunteer. Canadian Red Cross. 2005. 1-7.
- Lasby, David, and David McIver. Where Canadians Volunteer: Volunteering by Type of Organization. Volunteer Canada, Canadian Center for Philanthropy, 2004. Voluntary Sector Initiative. <<http://www.volunteer.ca>>.
- Macduff, Nancy. Episodic Volunteering: Organizing and Managing the Short-Term Volunteer Program. Washington: MBA, 2004. 1-93.
- McClintock, Norah. Understanding Canadian Volunteers. Volunteer Canada, Canadian Centre for Philanthropy. 2004. 1-38. <<http://www.volunteer.ca>>.
- McCurley, Steve, and Rick Lynch. "Retention and Recognition." CASAnet Resources. Apr. 2000. CASAnet. 28 Dec. 2005 <<http://www.casanet.org>>.
- Merrill, Mary, comp. "Rethinking Episodic Volunteering." Topic of the Month. Sept. 2001. Merrill Associates. 23 Dec. 2005 <<http://www.merrillassociates.net>>.
- Miller, Ande, comp. Managing Spontaneous Volunteers in Times of Disaster: The Synergy of Structure and Good Intentions. National Voluntary Organizations Active in Disaster, The UPS Foundation, The Points of Light Foundation. 2003. 1-19. <<http://www.pointsoflight.org>>.
- NVOAD, comp. Design for Success: Development Tool for Effective VOAD's. National Voluntary Organizations Active in Disaster. <<http://www.nvoad.org>>.

Pedraza, Carlos. "Recruitment and Retention: A Cross-Stram Challenge." The Resource Connection 4. <<http://www.nafcm.org>>.

Phillips, Susan, Brain R. Little, and Laura Goodine. Recruiting, Retaining and Rewarding Volunteers: What Volunteers Have to Say. Carleton University. Volunteer Canada, 2002. 1-8. <<http://www.volunteer.ca>>.

Read, Paul B., and L. Kevin Selbee. Formal and Informal Volunteering and Giving: Regional and Community Patterns in Canada. Statistics Canada. 200. 1-14. <<http://www.statisticscanada.ca>>.

"Screening Further Reading." Volunteer Canada. 8 Apr. 2003. Volunteer Canada. 15 Feb. 2006 <http://www.volunteer.ca/volcan/eng/content/screening/screening_room1.htm>.

The Canadian Red Cross Disaster Services Human Resources Manual. The Canadian Red Cross, 2005.

The Canadian Red Cross Society. The 30-Minute Quick-Response Guide to Managing Walk-In Disaster Volunteers. Burnaby, British Columbia, 1995. 1-31.

Volunteer Reception Center: A Process to Incorporate Unaffiliated Volunteers in Disaster Response and Recovery. Ohio Homeland Security, State of Ohio Security Task Force. 1-21. <<http://www.serveohio.org>>.

Working with Volunteers and Managing Volunteer Programs in Health Care Settings. Volunteering Australia. Canberra: National Health and Medical Research Council, 2003. 1-51. <<http://www.nhmrc.gov.au>>.

Recommended Resources

1.1 *30-Minute Quick Response Guide to Managing Walk-in Disaster Volunteers*

This manual is for volunteer coordinators who must organize large numbers of walk-in volunteers during a disaster. It is a step by step guide for disasters with all sections organized in a straightforward and easy to use fashion. An all encompassing resource for any emergency, it provides an instructor's guide, several sample forms, and worksheets which can be adapted and copied.

1.2 *A Guide to Volunteer Program Management Resources*

This is a Volunteer Canada document which lists resources for volunteer management. It is divided into five sections: top 20 resources, additional resources, publishers and distributors of the top 20 resources, periodicals that publish articles or resources on volunteer program management, and electronic resources.

1.3 *American Red Cross – Spontaneous Volunteer Management*

This document contains information the management structure, helpful tips, technical information, and tools necessary for planning, processing and placing spontaneous volunteers. An effective resource during a health emergency, as it has quick easy guidelines, and it contains numerous sample forms to copy or adapt.

1.4 *Annex J: Canadian Pandemic Influenza Plan*

The first section of this document focuses on the planning and preparing of a non-traditional work site in the event of an influenza pandemic. The second section focuses on the need for human resources during the planning period. It outlines certain best practices for health emergencies, which are applied to all types of volunteers. It describes proper volunteer recruitment, screening, training, and placement of volunteers in a health emergency, which can be adapted to episodic volunteers. It also outlines human resource planning in the post-pandemic period.

1.5 *Canadian Red Cross – Disaster Services Human Resources Systems Manual*

This resource is a companion piece to the Human Resources Red Cross manual and Volunteer Standards and Guidelines. It contains the standard operating instructions and provides standardized policy and procedures to ensure that volunteer and employee relationships are managed effectively.

1.6 *Episodic Volunteering: Organizing and Managing the Short-Term Volunteer Program*

This book, written by Nancy Macduff, explains the different types of episodic volunteers. It provides details for establishing a formal episodic volunteer program that operates similarly to a long term volunteer program. It includes sections on barriers to involving short term volunteers, planning for episodic volunteers, conducting needs assessments, training, supervision, and record keeping. This book contains many useful tools and procedures for episodic volunteer management and was the first book written on this type of volunteering.

1.7 *Managing Spontaneous Volunteers in Times of Disaster: The Synergy of Structure and Good Intentions*

The Points of Light Foundation developed this document post 9/11. It is a compilation of effective practices and models for emergency management, planning and implementation in the area of episodic volunteers. In the case of a health emergency, this resource provides guidelines on how to prepare for, respond to, recover from, and mitigate the effects of a disaster.

1.8 *Working with Volunteers and Managing Volunteer Programs in Health Care Settings*

This Australian document provides a practical point of reference to assist in all steps of volunteer management. It has sound recommendations for recruiting, screening, orientation and training and explains how to work in a health care setting. The document is divided into two parts, the first provides the context and background to volunteering in the health care sector, and the second covers a number of areas that are relevant to both the volunteer and the volunteer manager.